



INDIANA LABORERS FRINGE BENEFIT FUNDS

P.O. BOX 1587 TERRE HAUTE, INDIANA 47808-1587
 (812) 238-2551 Toll Free 1-800-962-3158

www.indianalaborers.org

Local #41 & Local #81 Industrial Building Agreement – Fringe Benefit Reporting Instructions

The following information will help you to properly complete the Employer’s Monthly Remittance Form.

1. A monthly report must be sent to the above listed office by the 10th of the month following the month for which you are reporting. **If you did not work, please submit report noted “Inactive”.**
2. Please list your Federal Identification Number on each report to ensure that your employees receive proper credit for their hours.
3. The adjustment column may be used to apply debits or credits from previous reports.
4. Computer print-outs with employee details are acceptable but must provide monthly totals for each employee listing hours, gross wages and working dues deductions. Each copy of the remittance form must have a copy of a computer print-out attached.
5. Reports should be submitted by county of job site and the corresponding Local Union for that county – not the employee’s home local. See reverse for Local Union and corresponding county information.
6. Reports are to be distributed as follows:
 - a. **Three copies (fringe benefit fund office, working dues and industry fund) are to be mailed to the address listed at bottom right of form along with checks payable to the appropriate funds.**
 - b. The Local Union copy is to be mailed to the Local Union (addresses on reverse side of this letter).
 - c. The other fund copy is for miscellaneous funds and should be used as needed.
 - d. The Employer copy is for your records.

7. Employer obligations per Industrial Building Agreement: Rates per hour Effective

**Local Union #41 and
Local Union #81**

**06/01/2021
to
05/31/2022**

| | | | |
|--|---------------------------|--|--------------------------|
| a. One check payable to the | | | |
| Indiana Laborers Combined Funds | Welfare Fund | | \$7.00 |
| for total owed | Training Fund | | .45 |
| ----- | | | |
| b. One check payable to: Construction Workers Pension Fund* | Pension Fund | | 12.78 |
| ----- | | | |
| c. One check payable to: CAF | Industry Fund | | .12 |
| ----- | | | |
| d. One check payable to: BCRC** | Drug Program | | .10 |
| ----- | | | |
| e. One check payable to: Central Laborers Fringe Benefit Account*** | Annuity | | 4.00 |
| ----- | | | |
| f. One check payable to: HRA**** | Health Reimbursement Acct | | .50 |
| ----- | | | |
| 8. Authorized Employee deduction per Working Agreement: | | | |
| a. One check payable to: Laborers Working Dues Fund | | | 5% of gross wages |
| b. One check payable to: Laborers Local #41 Political Fund and/or Laborers Local #81 Political Fund | | | \$.05 per hour |

* Remit Pension contributions to: Construction Workers Pension Trust Fund, 2111 W Lincoln Hwy, Merrillville, IN 46410
 ** Remit BCRC contributions to: BCRC, 2111 W Lincoln Hwy, Merrillville, IN 46410
 ***Remit Annuity contributions to: Central Laborers’ Annuity Fund, PO Box 1267, Jacksonville IL 62651
 **** Remit HRA contributions to: HRA, 2111 W Lincoln Hwy, Merrillville IN 46410

Any questions regarding the HRA Account should be directed to phone # (219) 769-6944